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SEP 20 2004

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7590

06/02/2004

Jane E. Gennaro
 Assistant General Counsel, I.P.
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 10 Funderme Avenue
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Anne Marie Pickel	(Depositor's name)
<i>Anne Marie Pickel</i>	(Signature)
9/16/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/020,638	12/14/2001	Bodan Ma	1979.EEM	9225

TITLE OF INVENTION: DUAL CURE B-STAGEABLE UNDERFILL FOR WAFER LEVEL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$0	\$0	\$0	09/02/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
MITCHELL, JAMES M	2827	257-790000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jane E. Gennaro

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

National Starch and Chemical
 Investment Holding Corporation

New Castle, Delaware 19720.

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

3a. The following fee(s) are enclosed:

- ☐ Issue Fee
- ☐ Publication Fee
- ☐ Advance Order - # of Copies _____

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(Date)

Jane E. Gennaro 16 September 2004

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TRANSMIT THIS FORM WITH FEE(S)

Adjustment date: 10/18/2004	AKELLEY	10020638
02/03/2004	WASFAWE	00000205 140455
01 FC:1501		1830.00 CR
02 FC:1504		800.00 CR
03 FC:8001		24.00 CR
10/18/2004	AKELLEY	00000005 140455
01 FC:1501		1830.00 DA
02 FC:1504		800.00 DA
03 FC:8001		24.00 DA